

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6854

1. PLACE OF DEATH

County Jasper

Registration District No. H 16

Township

Sarcoxis

Primary Registration District No. 4248

City

(No.)

St.

Ward)

2. FULL NAME Francis Marion Smith

(a) Residence, No. Sarcoxis St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mary F. Brooks Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 1, 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

92

1

18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Ret'd. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lawrence County Missouri

13. NAME

Levi Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Elizabeth (unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Mrs. Mary Smith Sarcoxis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE Feb. 21, 1937

19. UNDERTAKER (ADDRESS)

Ulmer Funeral Home Carthage, Missouri

20. FILED

2/19 1937 Lemp Simmons Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937, to Feb. 19, 1937

I last saw him alive on Feb. 17, 1937. Death is said

to have occurred on the date stated above, at 7:00am

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis

Lab

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lemp Simmons, M. D.

(Address) Sarcoxis, Mo

